PART B - FEE(S) TRANSMITTAL

PE

Complete and send this form together with applicable fee(s), to: Mail Mail Stop ISSUL EE Commissioner for Patents OCT 1 2 2006 'P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmisting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence in the latent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed orders. Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24998 7590 07/12/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Dickstein Shapiro LLP 1825 Eye Street, NW . (Depositor's name Washington, DC 20006-5403 (Signature ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 8591 M4065.0573/P573-B David Feldmeier 10/645,604 08/22/2003 TITLE OF INVENTION: PARTIALLY-ORDERED CAMS USED IN TERNARY HIERARCHICAL ADDRESS SEARCHING/SORTING PUBLICATION FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE **ISSUE FEE DUE** APPLN. TYPE **SMALL ENTITY** 10/12/2006 \$0 \$1700 \$300 NO \$1400 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 711-108000 THAI, TUAN V 2186 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Dickstein Shapiro LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STA 10 / 00 / 2008 MANYED 2 00000188 10645604 (A) NAME OF ASSIGNEE Micron Technology, Inc. Boise, 1400.00 OP 02 FC:1504 300.00 OP Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entils. (We component of the patent) is the private group entils. 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: X Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies __5 overpayment, to Deposit Account Number 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. October 12, 2006 Authorized Signature 28,371 Registration No. Typed or printed name Thomas J. D'Amico

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (07-06 Approved for use through 01/31/2007. OMB 0651-003

	Panenwork Peducity	of 1995, po 45-p or required t	U.S. Pate		oved for use through mark Office; U.S. DE	01/31/2007.	
Onder the	<u> </u>	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Fees pursuant t	Effective on 12/0 to the Consolidated Appro	Application Nu				1	
FEE TRANSMITTAL			Filing Date	anibe:	10/645,604-Conf. #8591 August 22, 2003		
		<u> </u>	First Named Inventor David C.				
	For FY 2				M. D. Anderson		
Applica	ant claims small entity st	Art Unit			2186		
TOTAL AMOUNT OF PAYMENT (\$) 1,715.00				Attorney Docket No. M4065.0573/P573-B			
METHOD O	F PAYMENT (chec	k all that apply)					
Check	x Credit Card		one Other	r (please iden	ntify):		
Deposit A	Account Deposit Accour	ccount Name:	count Name: Dickstein Shapiro LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicate						ha filing foo
Charge any additional fee(s) or underpayment of							ine minig icc
	fee(s) under 37 CFR	1.16 and 1.17					
FEE CALCU							
1. BASIC FILII		EXAMINATION FEES	*****				
		Small Entity	ARCH FEES Small Entity		NATION FEES Small Entity		
Application 1		\$) Fee (\$) Fee (\$		Fee (\$)		Fees !	Paid (\$)
Utility	300		250	200	100		
Design	200		50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500		600	300		
Provisional	200			0	0		
2. EXCESS CL			-	-	•	-	Caroll Entity
Fee Description						Fee (\$)	Small Entity Fee (\$)
		Each claim over 20 (including Reissues)					
Each-claim-ove	er 20 (including Reiss					50	
Each-claim-ove Each independ	er 20 (including Reiss ent claim over 3 (incl					50 200	25 100
Each-claim-ove	er 20 (including Reiss ent claim over 3 (incl					200	100
Each-claim-ove Each independ	er 20 (including Reiss ent claim over 3 (incl	luding Reissues)	Paid (\$)	Me	ultiple Dependel	200 360	
Each claim over Each independ Multiple depen Total Claims 32	er 20 (including Reiss ent claim over 3 (includent claims <u>Extra Claims</u>	luding Reissues) Fee (\$) Fee I	Paid (\$)		ultiple Depender	200 360 nt Claims	100 180
Each claim over Each independer Multiple depender Total Claims 32 HP = highest num	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = There of total claims paid for	luding Reissues) Fee (\$) Fee I	Paid (\$)			200 360	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = mber of total claims paid for Extra Claims	Fee (\$) Fee	Paid (\$) Paid (\$)			200 360 nt Claims	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims 10	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Index of total claims paid for Extra Claims - 10 =	ree (\$) Fee Fee Fee (\$) Fee Fee (\$) Fee Fee (\$) Fee Fee Fee (\$)				200 360 nt Claims	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num	er 20 (including Reiss ent claim over 3 (incl indent claims Extra Claims - 32 =	ree (\$) Fee Fee Fee (\$) Fee Fee (\$) Fee Fee (\$) Fee Fee Fee (\$)				200 360 nt Claims	100 180
Each claim over Each independent Multiple dependent Multiple dependent Service Service Service Service Each independent Service Servic	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE	r, if greater than 20. Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Paid (\$)	<u>Fe</u>	e (\$) <u>F</u>	200 360 nt Claims ee Paid (\$	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical listings und	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = The of total claims paid for Extra Claims - 10 = The of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)),	r, if greater than 20. Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Paid (\$) (excluding electric is \$250 (\$125 f	Fe	ed sequence or o	200 360 nt Claims ree Paid (\$	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical listings und sheets or free	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inber of total claims paid for Extra Claims - 10 = Inber of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3	r, if greater than 20. Fee (\$) Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).	ronically fil	ded sequence or contity) for each add	200 360 nt Claims ee Paid (\$	100 180
Each claim over Each independ Multiple depen Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical listings und	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 =	ree (\$) Fee I Fee	Paid (\$) (excluding electric is \$250 (\$125 f	ronically fil for small en	ded sequence or contity) for each add	200 360 nt Claims ee Paid (\$	100 180
Each claim over Each independ Multiple depend Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATION If the specification is sheets or fractal Sheet 4. OTHER FEE	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S)	ree (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).	ronically fil for small en	ded sequence or contity) for each add	200 360 nt Claims ee Paid (\$ computer ditional 50	100 180
Each claim over Each independ Multiple depend Multiple depend 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATION If the specification is sheets or fractal Sheet Mon-English	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee Fee Fee Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).	ronically fil for small en	ded sequence or contity) for each add	200 360 nt Claims ee Paid (\$ computer ditional 50	100 180
Each claim over Each independ Multiple depend Multiple depend 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATION If the specification is sheets or fractal Sheet Mon-English	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee Fee Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).	ronically fil for small en	ded sequence or contity) for each add	200 360 nt Claims fee Paid (\$ computer ditional 50 Fee F	100 180
Each claim over Each independ Multiple depend Multiple depend 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATION If the specification is sheets or fractal Sheet Mon-English	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee II Fee Fee II	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).) Idditional 50 or fractional up to a who ount) or early, volunta	ronically fil for small en ction thereof ple number)	ded sequence or contity) for each add	200 360 nt Claims fee Paid (\$ computer ditional 50 Fee F Fees 1,40 30	100 180
Each claim over Each independ Multiple depend Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical istings und sheets or fractal Sheet Non-English Other (e.g., Independent of the specifical sheet)	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee Fee Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).) Idditional 50 or fractional up to a who ount) or early, volunta	ronically fil for small en ction thereof ple number)	ded sequence or contity) for each add	200 360 nt Claims fee Paid (\$ computer ditional 50 Fee F Fees 1,40 30	100 180
Each claim over Each independ Multiple depend Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical istings und sheets or fractal Sheet Non-English Other (e.g., I	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee II Fee Fee II	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s). additional 50 or fractoround up to a who ount) or early, voluntationatent w/o color	ronically fil for small en ction thereof ple number)	ded sequence or contity) for each add	200 360 nt Claims fee Paid (\$ computer ditional 50 Fee F Fees 1,40 30	100 180
Each claim over Each independ Multiple depend Total Claims 32 HP = highest num Indep. Claims 10 HP = highest num 3. APPLICATIO If the specifical istings und sheets or fractal Sheet Non-English Other (e.g., Independent of the specifical sheet)	er 20 (including Reiss ent claim over 3 (includent claims Extra Claims - 32 = Inher of total claims paid for Extra Claims - 10 = Inher of independent claims ON SIZE FEE ation and drawings exider 37 CFR 1.52(e)), raction thereof. See 3 Extra Sheet - 100 = (S) In Specification, \$130	ree (\$) Fee II Fee Fee II	(excluding electric is \$250 (\$125 f 37 CFR 1.16(s).) Idditional 50 or fractional up to a who ount) or early, volunta	ronically fil for small en ction thereof ple number)	ded sequence or contity) for each add for the sequence or contity for each add for the sequence or contity for each add for the sequence or contity for each add for the sequence of the seque	200 360 nt Claims fee Paid (\$ computer ditional 50 Fee F Fees 1,40 30	100 180 2) Paid (\$) Poid (\$)